

Attorney's Docket No. 42390.P11480

7/10/04
13/04
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:)
Peter L. Doyle et al.)
Application No.: 09/895,529)
Filed: June 29, 2001)
For: APPARATUS, METHOD AND)
SYSTEM WITH A GRAPHICS-)
RENDERING ENGINE HAVING)
A TIME ALLOCATOR)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner: Singh, Dalip K.

Art Unit: 2676

Confirmation No.: 8180

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450

on February 1, 2004

Deborah A. McGovern, Date of Deposit

D McGovern Date of Person Mailing Correspondence 2-2-04 Date

INFORMATION DISCLOSURE STATEMENT

Sir:

Enclosed is a copy of Information Disclosure Citation Form PTO-1449 together with copies of the documents cited on that form. It is respectfully requested that the cited documents be considered and that the enclosed copy of Information Disclosure Citation Form PTO-1449 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

Pursuant to 37 C.F.R. § 1.97, the submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability.

02/10/2004 DEPARTMENT 00000016 09895529

01 FC:1006

100.00 CP

Pursuant to 37 C.F.R. § 1.97, this Information Disclosure Statement is being submitted under one of the following (as indicated by an "X" to the left of the appropriate paragraph):

37 C.F.R. §1.97(b).

37 C.F.R. §1.97(c). If so, then enclosed with this Information Disclosure Statement is one of the following:

A statement pursuant to 37 C.F.R. §1.97(e) or

A check for \$180.00 for the fee under 37 C.F.R. § 1.17(p).

37 C.F.R. §1.97(d). If so, then enclosed with this Information Disclosure Statement are the following:

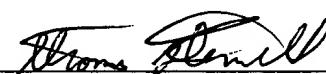
- (1) A statement pursuant to 37 C.F.R. §1.97(e); and
- (2) A check for \$180.00 for the fee under 37 C.F.R. §1.17(p) for submission of the Information Disclosure Statement.

If there are any additional charges, please charge Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 1-30, 2004



Thomas S. Ferrill
Reg. No. 42,532

12400 Wilshire Blvd.
Seventh Floor
Los Angeles, CA 90025-1026
(408) 720-8300

Substitute for Form 1449/PTO



**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

~~Sheet A~~

→ A TRADITION

Of

<i>Complete if Known</i>	
Application Number	09/895,529
Filing Date	June 29, 2001
First Named Inventor:	Peter L. Doyle
Art Unit	2676
Examiner Name	Singh, Dalip K.
Attorney Docket Number	42390.P11480

U.S. PATENT DOCUMENTS

RECEIVED
FEB 10 2004
Technology Center 2600

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				
		WO 01/41069 A1	06/07/2001	Nvidia		

Examiner Signature		Date Considered	
-----------------------	--	-----------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS.

Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

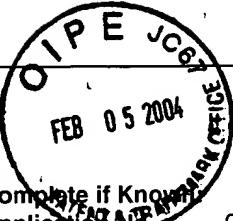
• Examiner Signature		Date Considered	
-------------------------	--	--------------------	--

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English Translation is attached.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English translation is attached.
This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application No. 09/895,529

Filing Date June 29, 2001

First Named Inventor Peter L. Doyle

Examiner Name Singh, Dalip K.

Art Unit 2676

Attorney Docket No. 42390.P11480

RECEIVED
FEB 10 2004
Technology Center 2600

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

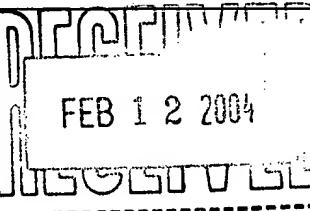
Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	
		Design application filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional application filing fee	



SUBTOTAL (1) \$0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	- 20** = _____	X _____	= _____
Independent Claims	- 3** = _____	X _____	= _____
Multiple Dependent			= _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity

Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee		
Code	Fee (\$)	Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330
			Acceptance of unintentionally delayed claim for priority

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$180.00

*Reduced by Basic Filing Fee Paid

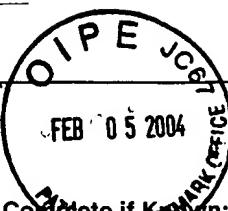
SUBMITTED BY:

Typed or Printed Name: Thomas S. Ferrill

Signature:  Date: 1-30-04

Reg. Number: 42,532 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Comments if Known:

Application No. 09/895,529Filing Date June 29, 2001First-Named Inventor Peter L. DoyleExaminer Name Singh, Dalip K.Art Unit 2676Attorney Docket No. 42390.P11480 Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

 The Director is Authorized to do the following with respect to the above-identified Deposit Account: Charge fee(s) indicated below. Credit any overpayments. Charge any additional fees during the pendency of this application. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	Code	(\$)	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____

SUBTOTAL (1) \$ 02. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	- 20** = _____	X	_____ = _____
Independent Claims	- 3** = _____	X	_____ = _____
Multiple Dependent			_____ = _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity	Small Entity	Fee Description
Fee	Fee	Fee
Code	Code	(\$)
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

RECEIVED
 FEB 10 2004
 Technology Center 2600